

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9	1		1			
10		6		1		
11		6		1		
12		6		1		
13		6		1		
14		6		1		
15		6		1		
16		6		1		
17		6		1		
18		6		1		
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		6		1		
26		6		1		
27		6		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		6		1		
35		6		1		
36		6		1		
37		6		1		
38		6		1		
39		6		1		
40	1		1			
41		1		1		
42		1		1		
43	1		1			
44		1		1		
45		5		1		
46		5		1		
47		4		1		
48		4		1		
49		4		1		
50		1		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		6		1		
53		6		1		
54		1		1		
55		6		1		
56		6		1		
57		6		1		
58		6		1		
59		6		1		
60		6		1		
61		6		1		
62		6		1		
63		6		1		
64		6		1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		7				
TOTAL CLAIMS		31				